WTC Visual Survey Form

Premise Address: 200 Church St

Block: **Lot:**	Residential ☐ Commercial ☑ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management:
Name: Telephone Number: ( )
FAX: ( )
Address:

On Site Contact:
Name: Telephone Number: ( )

Building Owner Management Activities

Interior Survey Performed ☐ Yes ☐ No
Exterior Survey Performed ☐ Yes ☐ No
General Clean Up ☐ Yes ☐ No Locations: _____
ACM Clean Up ☐ Yes ☐ No Locations: _____
Air Monitoring ☐ Yes ☐ No Locations: _____
Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description: East side windows are filled with dust

Roof

Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: Visible debris scattered all around the roof.

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 8/2/2002 Inspection Team: Name: AL Agency: _____
Name: _____ Agency: _____

ENTERED

WTC Visual Survey Form

Premise Address: 200 Church St.

Block: **Lot:**	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐	**Name of Building:**
# of Stories: 4	**AKA's:**	

Building Owner/Management: **Telephone Number:** ( )
Name: **FAX:** ( )

Address:

On Site Contact:
Name: **Telephone Number:** ( )

Building Owner Management Activities

- **Interior Survey Performed** ☐ Yes ☐ No
- **Exterior Survey Performed** ☐ Yes ☐ No
- **General Clean Up** ☐ Yes ☐ No **Locations:** _____
- **ACM Clean Up** ☐ Yes ☐ No **Locations:** _____
- **Air Monitoring** ☐ Yes ☐ No **Locations:** _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description:

Roof

Debris: ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: Re Inspection of Roof Clean Roof

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 5/1/2002 **Inspection Team: Name:** [illegible] **Agency:** _____
Name: _____ **Agency:** _____

ENTERED